

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H51406**

1. Corporation Name

COHEN'S FASHION OPTICAL OF PALM BEACH, INC.

R 000057743020
07/21/05--01025--001 **1650.00

REINSTATEMENT 99.05

2. Principal Office Address

100 QUENTIN ROOSEVELT BLVD.

Suite, Apt. #, etc.

City & State

GARDEN CITY, NY

Zip

11530

Country

U.S.A.

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/19/1985

5. FEI Number

11-2836143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

4435 OLD WINTER GARDEN RD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN JOSE MORALES, ASST SECY.

Date

6-23-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Robert Cohen	100 Quentin Roosevelt Blvd.	Garden City, NY 11530
VP	Alan Cohen	100 Quentin Roosevelt Blvd.	Garden City, NY 11530
CFO	Richard Winter	100 Quentin Roosevelt Blvd.	Garden City, NY 11530

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-10-05 5164656954

Daytime Phone #

CR2E081 (0-1/05)